



## Senate

General Assembly

January Session, 2011

**File No. 112**

Senate Bill No. 883

*Senate, March 21, 2011*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

**AN ACT CONCERNING VARIOUS REVISIONS TO STATUTES  
CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND  
ADDICTION SERVICES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 17a-450 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective*  
3 *October 1, 2011*):

4 (b) For the purposes of chapter [50] 48, the Department of Mental  
5 Health and Addiction Services shall be organized to promote  
6 comprehensive, client-based services in the areas of mental health  
7 treatment and substance abuse treatment and to ensure the  
8 programmatic integrity and clinical identity of services in each area.  
9 The department shall perform the functions of: Centralized  
10 administration, planning and program development; prevention and  
11 treatment programs and facilities, both inpatient and outpatient, for  
12 persons with psychiatric disabilities or persons with substance use  
13 disorders, or both; community mental health centers and community

14 or regional programs and facilities providing services for persons with  
15 psychiatric disabilities or persons with substance use disorders, or  
16 both; training and education; and research and evaluation of programs  
17 and facilities providing services for persons with psychiatric  
18 disabilities or persons with substance use disorders, or both. The  
19 department shall include, but not be limited to, the following divisions  
20 and facilities or their successor facilities: The office of the  
21 Commissioner of Mental Health and Addiction Services; Capitol  
22 Region Mental Health Center; Connecticut Valley Hospital, including  
23 the [Acute Care] Addictions Division, the Whiting Forensic Division  
24 and the General Psychiatric Division of Connecticut Valley Hospital;  
25 the Connecticut Mental Health Center; [the Whiting Forensic Division;]  
26 Ribicoff Research Center; the Southwest Connecticut Mental Health  
27 System, including the Franklin S. DuBois Center and the Greater  
28 Bridgeport Community Mental Health Center; the Southeastern  
29 Mental Health Authority; River Valley Services; the Western  
30 Connecticut Mental Health Network; and any other state-operated  
31 facility for the treatment of persons with psychiatric disabilities or  
32 persons with substance use disorders, or both, but shall not include  
33 those portions of such facilities transferred to the Department of  
34 Children and Families for the purpose of consolidation of children's  
35 services.

36 Sec. 2. Subsection (d) of section 17a-450 of the general statutes is  
37 repealed and the following is substituted in lieu thereof (*Effective*  
38 *October 1, 2011*):

39 (d) The Department of Mental Health and Addiction Services is  
40 designated as the lead state agency for substance abuse prevention and  
41 treatment in this state, and as such is designated as the state  
42 methadone authority. As the designated state methadone authority,  
43 the department is authorized by the federal Center for Substance  
44 Abuse Treatment of the Substance Abuse and Mental Health Services  
45 Administration within the United States Department of Health and  
46 Human Services to exercise responsibility and authority for the  
47 treatment of opiate addiction with an opioid medication, and

48 specifically for: (1) Approval of exceptions to federal opioid treatment  
49 protocols in accordance with the Center for Substance Abuse  
50 Treatment, (2) monitoring all opioid treatment programs in the state,  
51 and (3) approval of Center for Substance Abuse Treatment certification  
52 of all opioid treatment programs in the state. The Commissioner of  
53 Mental Health and Addiction Services [shall] may adopt regulations in  
54 accordance with chapter 54 to carry out the provisions of this  
55 subsection.

56 Sec. 3. Subsection (c) of section 17a-458 of the general statutes is  
57 repealed and the following is substituted in lieu thereof (*Effective*  
58 *October 1, 2011*):

59 (c) "State-operated facilities" means those hospitals or other facilities  
60 providing treatment for persons with psychiatric disabilities or for  
61 persons with substance use disorders, or both, which are operated in  
62 whole or in part by the Department of Mental Health and Addiction  
63 Services. Such facilities include, but are not limited to, the Capitol  
64 Region Mental Health Center, the Connecticut Valley Hospital,  
65 including the [Acute Care] Addictions Division, the Whiting Forensic  
66 Division and the General Psychiatric Division of Connecticut Valley  
67 Hospital, the Connecticut Mental Health Center, the Franklin S.  
68 DuBois Center, the Greater Bridgeport Community Mental Health  
69 Center and River Valley Services.

70 Sec. 4. Subsection (q) of section 17a-451 of the general statutes is  
71 repealed and the following is substituted in lieu thereof (*Effective*  
72 *October 1, 2011*):

73 (q) (1) The commissioner may make available to municipalities,  
74 nonprofit community organizations or self help groups any services,  
75 premises and property under the control of the Department of Mental  
76 Health and Addiction Services but shall be under no obligation to  
77 continue to make such property available in the event the department  
78 permanently vacates a facility. Such services, premises and property  
79 may be utilized by such municipalities, nonprofit community  
80 organizations or self help groups in any manner not inconsistent with

81 the intended purposes for such services, premises and property. The  
82 Commissioner of Mental Health and Addiction Services shall submit  
83 to the Commissioner of Administrative Services any agreement for  
84 provision of services by the Department of Mental Health and  
85 Addiction Services to municipalities, nonprofit community  
86 organizations or self help groups for approval of such agreement prior  
87 to the provision of services pursuant to this subsection.

88 (2) The municipality, nonprofit community organization or self help  
89 group using any premises and property of the department shall be  
90 liable for any damage or injury which occurs on the premises and  
91 property and shall furnish to the Commissioner of Mental Health and  
92 Addiction Services proof of financial responsibility to satisfy claims for  
93 damages on account of any physical injury or property damage which  
94 may be suffered while the municipality, nonprofit community  
95 organization or self help group is using the premises and property of  
96 the department in such amount as the commissioner determines to be  
97 necessary. The state of Connecticut shall not be liable for any damage  
98 or injury sustained on the premises and property of the department  
99 while the premises and property are being utilized by any  
100 municipality, nonprofit community organization or self help group.

101 (3) The Commissioner of Mental Health and Addiction Services  
102 [shall] may adopt regulations, in accordance with chapter 54, to carry  
103 out the provisions of this subsection. As used in this subsection, "self  
104 help group" means a group of volunteers, approved by the  
105 commissioner, who offer peer support to each other in recovering from  
106 an addiction.

107 Sec. 5. Section 17a-485h of the general statutes is repealed and the  
108 following is substituted in lieu thereof (*Effective October 1, 2011*):

109 (a) The Commissioner of Mental Health and Addiction Services  
110 shall certify intermediate duration acute psychiatric care beds in  
111 general hospitals to provide inpatient mental health services for adults  
112 with serious and persistent mental illness.

113 (b) The commissioner shall adopt regulations, in accordance with  
114 the provisions of chapter 54, to establish requirements for certification  
115 of intermediate duration acute psychiatric care beds in general  
116 hospitals and the process by which such beds shall be certified. In  
117 adopting such regulations, the commissioner shall consider the need  
118 for such beds.

119 (c) The commissioner shall implement policies and procedures to  
120 carry out the provisions of this section while in the process of adopting  
121 such policies and procedures in regulation form, provided notice of  
122 intent to adopt the regulations is published in the Connecticut Law  
123 Journal not later than twenty days after implementation. Such policies  
124 and procedures shall be valid until the time the final regulations are  
125 adopted.

126 Sec. 6. Subsection (c) of section 17a-485d of the general statutes is  
127 repealed and the following is substituted in lieu thereof (*Effective*  
128 *October 1, 2011*):

129 (c) The Commissioner of Social Services shall take such action as  
130 may be necessary to amend the Medicaid state plan to provide for  
131 coverage of optional adult rehabilitation services supplied by  
132 providers of mental health services or substance abuse rehabilitation  
133 services for adults with serious and persistent mental illness or who  
134 have alcoholism or other substance abuse conditions, that are certified  
135 by the Department of Mental Health and Addiction Services. [For the  
136 fiscal years ending June 30, 2004, and June 30, 2005, up to three million  
137 dollars in each such fiscal year of any moneys received by the state as  
138 federal reimbursement for optional Medicaid adult rehabilitation  
139 services shall be credited to the Community Mental Health Restoration  
140 subaccount within the account established under section 17a-485 and  
141 shall be available for use for the purposes of the subaccount.] The  
142 Commissioner of Social Services shall adopt regulations, in accordance  
143 with the provisions of chapter 54, to implement optional rehabilitation  
144 services under the Medicaid program. The commissioner shall  
145 implement policies and procedures to administer such services while

146 in the process of adopting such policies or procedures in regulation  
147 form, provided notice of intention to adopt the regulations is printed  
148 in the Connecticut Law Journal within forty-five days of  
149 implementation, and any such policies or procedures shall be valid  
150 until the time final regulations are effective.

151 Sec. 7. Section 17a-22aa of the general statutes is repealed and the  
152 following is substituted in lieu thereof (*Effective October 1, 2011*):

153 The Commissioner of Children and Families, in consultation with  
154 the Commissioner of Mental Health and Addiction Services, [and the  
155 Community Mental Health Strategy Board, established under section  
156 17a-485b,] shall, within available appropriations, maintain the  
157 availability of flexible emergency funding for children with psychiatric  
158 disabilities who are not under the supervision of the Department of  
159 Children and Families.

160 Sec. 8. Subsection (a) of section 17a-485g of the general statutes is  
161 repealed and the following is substituted in lieu thereof (*Effective*  
162 *October 1, 2011*):

163 (a) On or before October 1, 2007, the Commissioner of Mental  
164 Health and Addiction Services, within available appropriations set  
165 forth in section 52 of public act 06-188, [and in consultation with the  
166 Community Mental Health Strategy Board established under section  
167 17a-485b,] shall establish and implement (1) a pilot program for  
168 general pediatric, family medicine and geriatric health care  
169 professionals to improve their ability to identify, diagnose, refer and  
170 treat patients with mental illness, and (2) a pilot program of peer-  
171 counseling in the Division of the State Police.

172 Sec. 9. Subsection (a) of section 17b-263a of the general statutes is  
173 repealed and the following is substituted in lieu thereof (*Effective*  
174 *October 1, 2011*):

175 (a) On or before December 31, 2006, the Commissioner of Social  
176 Services, in consultation with the Commissioner of Mental Health and

177 Addiction Services, [and the Community Mental Health Strategy  
178 Board, established under section 17a-485b,] shall take such action as is  
179 necessary to amend the Medicaid state plan to include assertive  
180 community treatment teams and community support services within  
181 the definition of optional adult rehabilitation services. Such  
182 community treatment teams shall provide intensive, integrated,  
183 multidisciplinary services to adults with severe psychiatric disabilities,  
184 including, but not limited to, persons who are homeless, persons  
185 diverted or discharged from in-patient programs or nursing homes  
186 and persons diverted or released from correctional facilities, or who  
187 are at risk of incarceration, and such teams shall provide intensive  
188 community care management through case managers, nurses and  
189 physicians and shall include, but not be limited to, vocational, peer  
190 and substance abuse specialists. The Commissioner of Social Services  
191 shall adopt regulations, in accordance with the provisions of chapter  
192 54, for purposes of establishing the services specified in this  
193 subsection. The Commissioner of Social Services may implement  
194 policies and procedures for purposes of establishing such services  
195 while in the process of adopting such policies or procedures in  
196 regulation form, provided notice of intention to adopt the regulations  
197 is printed in the Connecticut Law Journal no later than twenty days  
198 after implementation and any such policies and procedures shall be  
199 valid until the time the regulations are effective.

200 Sec. 10. Subsection (a) of section 17b-602a of the general statutes is  
201 repealed and the following is substituted in lieu thereof (*Effective*  
202 *October 1, 2011*):

203 (a) The Department of Social Services, in consultation with the  
204 Department of Mental Health and Addiction Services, [and the  
205 Community Mental Health Strategy Board established under section  
206 17a-485b,] may seek approval of an amendment to the state Medicaid  
207 plan or a waiver from federal law, whichever is sufficient and most  
208 expeditious, to establish and implement a Medicaid-financed home  
209 and community-based program to provide community-based services  
210 and, if necessary, housing assistance, to adults with severe and

211 persistent psychiatric disabilities being discharged or diverted from  
 212 nursing home residential care.

213 Sec. 11. Subsection (e) of section 38a-1041 of the general statutes is  
 214 repealed and the following is substituted in lieu thereof (*Effective*  
 215 *October 1, 2011*):

216 (e) On or before October 1, 2005, the Managed Care Ombudsman [,  
 217 in consultation with the Community Mental Health Strategy Board,  
 218 established under section 17a-485b,] shall establish a process to  
 219 provide ongoing communication among mental health care providers,  
 220 patients, state-wide and regional business organizations, managed care  
 221 companies and other health insurers to assure: (1) Best practices in  
 222 mental health treatment and recovery; (2) compliance with the  
 223 provisions of sections 38a-476a, 38a-476b, 38a-488a and 38a-489; and (3)  
 224 the relative costs and benefits of providing effective mental health care  
 225 coverage to employees and their families. On or before January 1, 2006,  
 226 and annually thereafter, the Healthcare Advocate shall report, in  
 227 accordance with the provisions of section 11-4a, on the implementation  
 228 of this subsection to the joint standing committees of the General  
 229 Assembly having cognizance of matters relating to public health and  
 230 insurance.

231 Sec. 12. Sections 17a-453a, 17a-453b, 17a-458b, 17a-458c, 17a-458d,  
 232 17a-485, 17a-485a and 17a-485b of the general statutes are repealed.  
 233 (*Effective October 1, 2011*)

|   |                        |             |
|---|------------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                        |             |
| Section 1   | <i>October 1, 2011</i> | 17a-450(b)  |
| Sec. 2  | <i>October 1, 2011</i> | 17a-450(d)  |
| Sec. 3  | <i>October 1, 2011</i> | 17a-458(c)  |
| Sec. 4  | <i>October 1, 2011</i> | 17a-451(q)  |
| Sec. 5  | <i>October 1, 2011</i> | 17a-485h    |
| Sec. 6  | <i>October 1, 2011</i> | 17a-485d(c) |
| Sec. 7  | <i>October 1, 2011</i> | 17a-22aa    |
| Sec. 8  | <i>October 1, 2011</i> | 17a-485g(a) |

|         |                        |                  |
|---------|------------------------|------------------|
| Sec. 9  | <i>October 1, 2011</i> | 17b-263a(a)      |
| Sec. 10 | <i>October 1, 2011</i> | 17b-602a(a)      |
| Sec. 11 | <i>October 1, 2011</i> | 38a-1041(e)      |
| Sec. 12 | <i>October 1, 2011</i> | Repealer section |

**PH**      *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The bill makes various minor, technical, and conforming changes to the Department of Mental Health and Addiction Services statutes, and has no fiscal impact.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

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**OLR Bill Analysis****SB 883*****AN ACT CONCERNING VARIOUS REVISIONS TO STATUTES CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.*****SUMMARY:**

This bill makes minor, technical, and conforming changes to various Department of Mental Health and Addiction Services (DMHAS) statutes. It:

1. permits rather than requires the DMHAS commissioner to adopt regulations regarding (a) methadone treatment programs and (b) the use of department facilities and services by self-help groups (e.g., Alcoholics Anonymous);
2. replaces statutory references to Connecticut Valley Hospital's (CVH) acute care division with CVH's addictions, general psychiatric, and Whiting Forensic divisions;
3. replaces statutory references to "immediate care beds" with "immediate duration acute psychiatric care beds" to conform with federal Medicaid law regarding the certification of these beds in general hospitals;
4. repeals the inactive Community Mental Health Strategy Board, the Community Mental Health Strategic Investment Fund, and removes statutory references;
5. removes statutory references to Cedarcrest Hospital which, pursuant to a settlement agreement, terminated its psychiatric inpatient services as of January 6, 2011; and

6. repeals the State Administered General Assistance Behavioral Health Program, which was merged into the Department of Social Services Medicaid Low-Income Adult program in April 2010.

EFFECTIVE DATE: October 1, 2011

## **BACKGROUND**

### ***Cedarcrest Hospital***

Cedarcrest Hospital's psychiatric division, Cedar Ridge Hospital, was a 103-bed inpatient facility located in Newington and operated by DHMAS. In December 2009, DHMAS filed a certificate of need application with The Department of Public Health's Office of Health Care Access (OHCA) to terminate acute care psychiatric and residential step-down services at Cedar Ridge Hospital. OHCA issued a settlement agreement to close Cedar Ridge by June 30, 2010. DHMAS terminated Cedarcrest's psychiatric inpatient services effective January 6, 2011.

### ***Community Mental Health Strategy Board***

This 21-member board is charged with developing annual strategic and financial plans to guide the DMHAS commissioner's disbursements from the Community Mental Health Strategic Investment Fund. It is composed of lay members appointed by the governor and legislative leaders and various state agency heads (most of whom are not voting members). The board has not met since 2008.

### ***Community Mental Health Strategic Investment Fund***

The Community Mental Health Strategic Investment Fund provides assistance to adults and children with mental illness by developing new or expanded community-based facilities, mental health services, and supportive housing. The fund has two subaccounts: Community Mental Health Restoration and Supportive Housing Enhancement. These funds have been transferred to the DHMAS budget.

## **COMMITTEE ACTION**

## Public Health Committee

Joint Favorable

Yea 26      Nay 0      (03/07/2011)